

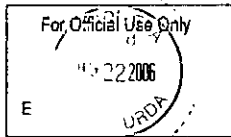
U.S. Department of Labor  
Office of Labor-Management  
Standards  
Washington, DC 20210

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved  
Office of Management  
and Budget  
No. 1215-0188  
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 13461	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name John Rafter  P.O. Box, Bldg., Room No., if any 118  Street 2840 El Centro Road  City Sacramento  State California ZIP Code + 4 95833	4. Name, file number, and address of labor organization.  Name  Labor Organization File Number 023-800  P.O. Box, Building and Room Number, if any  Street  City  State ZIP Code + 4
5. Position in labor organization. Business Manager	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.          7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

*John Rafter*

On 05/15/2006

Date

916-646-1073

Telephone Number

Name of Person Filing <b>John Rafter</b>		File Number U- <b>13461</b>
<b>B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.</b>		
<b>8. Name and address of Business (including trade name, if any).</b>  Name <b>Ironworkers Employee Trust Funds</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>330</b>  Street <b>131 N. El Molino Ave</b>  City <b>Pasadena</b>  State <b>California</b> ZIP Code + 4 <b>91101</b>	<b>9. Business deals with:</b>  <div style="margin-left: 40px;">             a. Labor Organization   <input checked="" type="checkbox"/> b. Trust               c. Employer           </div>	
<b>10. If 9.b. or 9.c. is checked give trust or employer's name.</b>  Name <b>Ironworkers AFL_CIA Local # 118</b>  Trade Name, if any:  P.O. Box, Bldg., Room No., if any <b>118</b>  Street <b>2840 El Centro Road</b>  City <b>Sacramento</b>  State <b>California</b> ZIP Code + 4 <b>95833</b>	<b>11.a. Nature of such dealing.</b>  <b>Various expenses for travel and meeting performed in the capacity of trustee.</b>	
	<b>11.b. Approximate dollar value of such dealing.</b> <span style="float: right;"><b>\$5,267</b></span>	
	<b>12.a. Nature of interest held or income received.</b>	
	<b>12.b. Amount.</b>	
<b>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</b>		
<b>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</b>  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State                                      ZIP Code + 4	<b>14.a. Nature of payment.</b>	
<b>13.b. Is the Business an Employer                      or Consultant                      ?</b>	<b>14.b. Amount of payment.</b>	